

**SANGAMON COUNTY CORONER'S OFFICE  
CORONER JIM ALLMON**

200 S. 9<sup>th</sup>, Room 303  
Springfield, Illinois 62701



Phone: 217-753-6610  
Fax: 217-753-6609

**REPORT OF POSTMORTEM  
EXAMINATION**

NAME: EARL L. MOORE	CASE #: N-22-694
SEX: Male      RACE: Black	AGE: 35 years
ADDRESS: 1116 North 11 <sup>th</sup> Street	CITY AND STATE: Springfield, Illinois
DATE OF DEATH: December 18, 2022	TIME OF DEATH: 3:14 AM
DATE OF AUTOPSY: December 18, 2022	TIME OF AUTOPSY: 10:59 AM
EXAMINED BY: J. Scott Denton, M.D.	ASSISTANT: Brian Peterson

The examination is performed at the McLean County Coroner's Office Regional Autopsy Facility, Bloomington, Illinois, under the authority of Coroner Jim Allmon.

**EXTERNAL EXAMINATION:**

The body is received in a sealed body bag with a McLean County Coroner's intake tag confirming identity. The body is wrapped and secured within a white bedsheet with three underlying white hospital blankets and a white towel with brown vomit material at the left shoulder area of the deceased, near the end of the endotracheal tube. On the upper body is an anteriorly cut tan t-shirt and a white tank top t-shirt with "ROCAWEAR". Underlying the mid body is a white hospital absorbent pad. Underlying the mid to lower body is a pair of anteriorly cut black-gray sweatpants, blue and black underwear, and between the legs is a pair of white socks. With the body bag is a sealed clear plastic hospital effects bag containing a black open zipped hooded sweatshirt. Blood is on the shirts, associated with a hospital resuscitation needle puncture mark in the right elbow crease. Within the side pocket of the gray sweatpants is a folded metal pocketknife "BUCK USA". The knife is without blood or foreign material. The articles of clothing and pocketknife are photographed and are without additional defects or special note.

The unclothed body is that of an adult, well-developed and well-nourished, black male, weighing 184 pounds, measuring 5 feet 8 inches, and appearing mildly older than the stated age of 35 years. The body is warm. Rigor mortis is uniformly and evenly well-developed in the elbows, wrists, knees, ankles, jaw, and neck. Livor mortis is darker and blanchable posteriorly.

The skin shows good nutrition, hydration, and cleanliness, without tenting or drying, except for mild white drying of the skin of the mid to lower legs to the tops of the feet. On the mid lower chest is fine white body powder that is non-adherent. The scalp is covered by medium length, thick, black, curly hair with a few gray strands. Acne scars are on the forehead. The eyes are mildly open. The sclerae show horizontal drying artifact. The irides are brown. There is no arcus senilis. The pupils are symmetrical, without dilatation or constriction. The sclerae and conjunctivas are white to pink with mild congestion, without petechiae of the scleras or conjunctivas. The skeleton and cartilages of the nose are intact. There is mild dried mucus within, with the inner septal mucosa pink. A short, black mustache and beard encircles the mouth, with the remaining face showing a few black strands of hair. Acne scars are present on the chin and cheeks. The inner oral mucosa is without injury or petechiae. The teeth are natural and in good placement and repair. There is no foreign material or edema foam in the mouth. The ear canals are clear. The neck is symmetrical with the trachea in the midline, without cutaneous evidence of injury or hypermobility. There is no palpable or audible crepitus upon manipulation. The chest is muscular and intact to palpation without crepitus. The abdomen is soft and mildly protuberant. The suprapubic fat pad is normal. The genitalia appear circumcised normal male with both testes present. The upper and lower extremities are symmetrical and normally developed, with evidence of resuscitation and injuries noted below. The fingernails are short and clean. The fingernail beds are pink without cyanosis. The toenails are medium length to focally long and curling over the ends of the toes and are clean. The soles of the feet show mild thickened scaling and are clean. The ankles are without edema, hyperpigmentation, or loss of hair. The posterior neck, back, buttocks, and anus are symmetrical and normally developed, without evidence of injury or abnormality, hemorrhoid, or fecal material.

#### **RESUSCITATION INTERVENTION:**

1. On the left wrist is a hospital identification band with the deceased's name, medical record number, date of birth, and date of hospital admission.
2. Extending from the midline mouth is an endotracheal tube, secured with a plastic holder, adhesive patches, and strap on the lower head. Gauze is within the end of the endotracheal tube, without blood or foam.
3. On the right upper chest and left lateral upper abdomen are two cardiac monitors/defibrillator patches.
4. On the chest and abdomen are five ECG patches attached to white wires.
5. Within the left elbow crease, right forearm, and back of the right hand are three intravascular catheters secured with tape.
6. An intraosseous puncture mark is in the right lower leg with overlying gauze and tape.
7. Within the body bag is an empty container "EPINEPHRINE INJECTION, USP".
8. Attached to the left index finger is a pulse oximeter monitor.
9. Within the right elbow crease is a needle puncture mark exuding bright red blood, and accounts for the blood on the shirts.

10. Within the lateral left elbow crease are three tightly grouped small bore needle puncture marks.
11. On the mid chest is a faint red contusion, 1.5 x 1.0 inch, consistent with resuscitation chest compression.

**IDENTIFYING SCARS, MARKS, AND TATTOOS:**

1. On the anterior left forearm are tattoos of a pair of theater-type face masks.
2. On the left lateral upper arm is a tattoo of a rose and "ROSE" within a banner.
3. On the left lateral upper arm is a tattoo of an animal with a boxing glove.
4. On the right lateral upper arm is a tattoo of a crucifix and a banner with "DAD".
5. On the anterior right forearm is a tattoo of a crucifix and a hand.
6. On the back of the right hand is a tattoo, "BRYANT 24".
7. On the lateral left forearm is a patch of mottled scar, 1.2 x 0.9 inch.
8. On the anterolateral left forearm are multiple pale dot scars and very thin linear scars, within 2.5 x 1.4 inches, ranging <0.05-0.9 inch in length.
9. There are mild dark striae on the bilateral hips.

**EXTERNAL EVIDENCE OF RECENT INJURY:**

1. On the mid chin is an interrupted red-brown abrasion, 0.4 x 0.2 inch, with smaller inferior-lateral abrasions, <0.05 inch and <0.1 inch.
2. On the back of the left proximal index finger, over the knuckle, is a curvilinear laceration, superficial, 0.2 x 0.2 inch.
3. On the back of the right proximal index finger is a crusted brown abrasion, 0.2 x 0.2 inch.
4. On the anterior right knee is a tan-red abrasion, 0.4 x 0.2 inches.
5. On the left lower lateral knee is a crusted, brown abrasion, 0.4 x 0.1 inch.
6. On the top of the left foot, 2.8 inches proximal to the end of the great toe, is a curvilinear, tan-red abrasion, 0.15 x 0.05 inch.
7. On the right lateral 5<sup>th</sup> toe is a red-purple, flat ecchymosis, 0.4 x 0.3 inch.

**INTERNAL EVIDENCE OF RECENT INJURY:**

1. There are hemorrhagic non-displaced fractures of the left lateral 3<sup>rd</sup> and 4<sup>th</sup> ribs, with overlying hemorrhage within the outer chest wall soft tissue.

**INTERNAL EXAMINATION:**

**Body Cavities:** The body is entered through a layered anterior Y-shaped incision. The head is entered through an intramastoid incision. The posterior neck is entered through vertical incisions, and the spinal cord is examined through a posterior laminectomy approach. The back soft tissues are examined through superficial and deep fileting incisions, also involving the wrists, and anterior-lateral upper arms. Organs are within their usual anatomic positions and relationships with the heart in the midline. There are no fluid accumulations, adhesions, collapse of the lungs, or pneumothorax. The parietal and visceral pleural surfaces are without dehydration or petechiae. The midline abdominal panniculus is 2.3 cm.

Neck Organs: The anterior muscles and subcutaneous tissues of the neck are free of hemorrhage and are examined in a layerwise in situ and ex situ manner and are removed and examined last after removal of the thoracic, abdominal, and intracranial organs. The cartilages of the larynx and epiglottis are intact. The hyoid bone is intact. The airways are patent. The mucosal surfaces show red mucosal congestion, without petechiae, aspiration, or obstruction. The tongue is unremarkable externally and on sectioning, without bite mark or intramuscular hemorrhage.

Respiratory System: The right and left lungs weigh 510 grams and 500 grams. The lungs are tan to pink to gray with mild upper lobe emphysema with mild bullae and moderate black pleural pigment deposition, with normal lobation and mild hyperaeration. Cut sections show hyperaerated tissue with mild emphysema, with mild congestion, without infiltrate, aspiration, or fibrosis. There are no pleural petechiae. The bronchi are unremarkable and patent, without fluid or foam. The pulmonary vasculature is intact and free of thromboemboli.

Cardiovascular System: The heart weighs 450 grams and is normally formed with normal consistency. The pericardium is intact. There is no effusion. The epicardial coronary arteries are right dominant and focally show mild eccentric mural atherosclerosis of the left anterior descending artery, with the ostia normally seated. There is no thrombosis. The valves of the heart and great vessels are unremarkable. There is no atrial or ventricular dilatation, hypertrophy, or endocardial fibroelastosis. Circumferential thicknesses of the left and right ventricular walls are 1.3 cm and 0.5 cm. Sections of the myocardium are brown with normal consistency, without anomaly, specifically without fibrosis, hemorrhage, pallor, myofiber disarray, or subaortic septal bulge. The aorta is intact, without anomaly, with a normal amount of intravascular fluid blood. There is no venous anomaly or thrombosis.

Hepatobiliary System: The liver weighs 2120 grams. The surface is enlarged, dark red-brown, and smooth with rounded margins and normal consistency. Cut sections show red-brown, congested tissue, with chronic passive congestive pattern, without fibrosis, cholestasis, or grossly identifiable fatty infiltration. The biliary tracts are unremarkable with 5 cc of dark bile in the gallbladder, without stone. The mucosa is green.

Hemolymphatic System: The spleen weighs 100 grams. The surface is red-purple and smooth with normal consistency. Cut sections show unremarkable red pulp and follicles. There is no lymphadenopathy, and rib bone marrow shows normal cellularity.

Gastrointestinal System: The esophagus is intact with proximal superficial anterior mucosal erosions, 0.2 cm, 0.3 cm, and 0.5 cm. There is no perforation or hemorrhage. The remaining mucosa and gastroesophageal junction are unremarkable, without ulceration, hemorrhage, dilatation, or hernia. The stomach contains 60 cc of tan-white digesting fluid and food without sediment. The mucosa is edematous with normal folds with red-brown mucosa. There is no ulceration or hemorrhage. The duodenum, small and large intestines, and appendix are unremarkable externally and intact. Sectioning and opening of the intestines shows a normal amount of liquid and digesting food and mid yellow liquid to distal green soft fecal material, without obstruction, hemorrhage, tumor, or inflammation.

Genitourinary System: The right and left kidneys weigh 140 grams and 150 grams. The surfaces are red-brown and smooth. Cut sections show unremarkable cortices and medullae with normal thicknesses. The renal pelvises, ureters, and urinary bladder are unremarkable with 35 cc of amber urine. The mucosa is pink. The prostate gland weighs 30 grams and is normal externally and on sectioning, with normal white tissue, without nodularity or carcinoma. Examination of the right and left testes shows relative right asymmetrical testicular atrophy, with bilateral unremarkable uniformly tan tissue. The testes specifically are without tumor, hemorrhage, or other change.

Endocrine System: Examination of the thyroid, pancreas, and adrenal glands is unremarkable externally and on sectioning, except for patchy congestion of the pancreas gland. The pancreas gland weighs 210 grams. Sections specifically show normal lobular tissue, cortices, and medullae, without hemorrhage, trauma, tumor, fibrosis, atrophy, or hyperplasia. The pituitary gland is normal upon removal from the intact sella.

Musculoskeletal System: The general musculature is normally developed and red brown, without hematoma. Aside from the left rib fractures and hemorrhage, no additional skeletal fractures, abnormalities, or dislocations are identified. Superficial and deep incisions and fileting of the arms, back, posterior neck, and wrists are as noted above, without muscular hematoma.

Central Nervous System: The brain weighs 1320 grams. The scalp is without laceration or hematoma. There is no subgaleal hemorrhage. The skull is intact without fracture. The temporal muscles are without congestion or hemorrhage. The leptomeninges and spinal fluid are clear without infection. There is no epidural, subdural, or subarachnoid hemorrhage. The dura strips from the inner table of the skull without anomaly with fluid blood in the sinuses. Cerebral hemispheres are symmetrical and normally developed except for an inferior left frontal lobe old healed yellow-brown cortical infarct/injury, 3.5 x 1.0 cm, to a depth of 0.3 cm, with similar yellow-brown past healed necrosis of the interspersed olfactory bulb. The remaining cerebrum shows mild expansion of the gyri, loss of the sulci grooves, and mild notching of the cerebellar tonsils, with normal consistency. Sections of the cerebrum, cerebellum, and brain stem show the superficial healed left inferior frontal lobe necrosis, with mild central white matter edema, without infection, trauma, tumor, intraparenchymal hemorrhage, atrophy, or further disease. The vessels at the base of the brain are unremarkable and patent without atherosclerosis, thrombosis, or aneurysm. The cervical spinal cord in the foramen magnum and internal palpation of the neck are tightly intact, without hemorrhage, dislocation, or fracture, and the atlantooccipital ligaments are intact and unremarkable without laxity. Examination of the posterior neck soft tissues through vertical incisions is without hemorrhage. The posterior cervical vertebrae are directly examined and are unremarkable. The posterior cervical vertebral lamina are removed, and the internal underlying cervical spinal cord is examined in situ and is unremarkable. The cervical spinal cord is also examined ex situ and is unremarkable externally and on sectioning.

#### **MICROSCOPIC EXAMINATION:**

Multiple sections of the myocardium are without pathologic change, specifically without inflammation, myocyte hypertrophy, necrosis, or hemorrhage. Multiple sections of coronary arteries show absent to mild eccentric mural atherosclerosis with maximal 30% narrowing, all

without thrombosis or dissection. The aorta is unremarkable. Multiple sections of the lungs and parenchymal airways show mild emphysema with thin alveolar septae and dilated alveoli, alveolar pigmented macrophages, focal aspiration with pink fluid and postmortem small bacteria aggregates, and mild vascular congestion without thrombi. The mid to upper airways show normal mucosa throughout without mucus or inflammation. There is no pneumonia. A pulmonary lymph node is unremarkable. The cerebellum shows mild non-specific thinning and decreased cellular density of the granular layer. The Purkinje cells and molecular layer are unremarkable. The cerebrum generally shows central white matter edema and normal cortices, and temporal lobes are without atrophy or corpora amylacea. The frontal lobe lesion shows gliosis, loss of the cortical architecture and underlying superficial white matter, without hemorrhage or macrophages. The cervical spinal cord, brain stem medulla, pons, dura, and meninges are without pathologic change. The liver shows sinusoidal congestion, and moderate macro and microvesicular fatty infiltration, without fibrosis, necrosis, biliary disease, or significant portal inflammation. The pancreas gland shows mild autolysis without pathologic change. The kidneys, urinary bladder, prostate gland, thyroid and adrenal glands, stomach, large and small intestines, appendix, and skeletal muscle are without pathologic change. The spleen shows red pulp with mildly congested dilated sinusoids, and normal follicles. There are no sickled red blood cells within the vessels. The rib bone marrow shows normal cellular elements with 40 to 50% cellularity. Fifteen slides are reviewed

#### **SPECIAL STUDIES:**

1. Vitreous humor, iliofemoral venous blood, bile, urine, gastric contents, and liver tissues are submitted to NMS labs for expanded analysis positive for ethanol at 77 mg/dl, cotinine, delta-9 THC at 12 ng/ml, delta-9 carboxy THC, and 11-hydroxy delta-9 THC in the blood, and ethanol at 107 mg/dl in the vitreous humor (see toxicology report).
2. Vitreous humor is submitted for electrolyte analysis and shows a relative normal postmortem sodium, chloride, and potassium relational pattern, specifically without evidence of dehydration, renal disease, or diabetes mellitus or ketosis (see toxicology report).
3. Dipstick screening of the vitreous humor at autopsy is without glucose or ketones.
4. Screening of the urine at autopsy is presumptively positive for THC and alcohol metabolite.
5. Tissue biopsies are submitted for microscopic analysis (see above), with additional biopsies retained in a formalin stock bottle.
6. An extra purple top tube of the blood is held at the Coroner's Office.
7. The coroner retains two DNA blood cards.
8. An additional DNA blood card standard, sets of oral, buccal, rectal, and penile swabs, clipped right and left fingernails and clipper, pulled and combed head hair, pulled pubic hair, the pocketknife, and the articles of clothing are collected and given to the Illinois State Police Crime Scene Investigator who attends the examination and fingerprints and palmprints the body afterwards. Receipts are obtained for these items.
9. Officer body worn camera videos, investigation reports, and other materials provided by the coroner are reviewed.
10. Medical records provided by the coroner are reviewed.
11. Total body radiographs are taken and reviewed, without occult fracture identified.
12. Autopsy photographs are taken, with conclusion of the autopsy examination at 3:05 PM.

**SUMMARY DIAGNOSES:**

1. Compressional and positional asphyxia with prone facedown restraint by tightened straps across the back and lower body on a paramedic cot/stretcher during transportation to the hospital emergency department, with marked lethargy, and paramedic and police interaction.
2. Superficial abrasions of the mid chin, 0.4 by 0.2 inch.
3. Non-displaced hemorrhagic fractures of the left lateral 3<sup>rd</sup> and 4<sup>th</sup> ribs, with mild overlying chest wall soft tissue hemorrhage.
4. Superficial abrasions of the knees, fingers, and foot, largest 0.4 inch.
5. Clinical history of chronic alcoholism, with presence of alcohol in the blood and vitreous humor, microscopic fatty infiltration, and chronic passive congestion, 2120 grams.
6. Emphysema of the lungs, mild, with bullae, moderate black pigment deposition, and passive congestion of the parenchyma, 1010 grams lungs weight.
7. Superficial esophageal mucosal erosions, small, 0.2-0.5 cm.
8. Mild enlargement of the heart, with left ventricle thickness 1.3 cm, 450 grams.
9. Mild coronary artery atherosclerosis, with focal 30% narrowing.
10. Cerebral edema, 1320 grams.
11. Mild atrophy of the granular layer of the cerebellum, microscopic.
12. Past healed old inferior left frontal lobe cortical and olfactory bulb cerebral infarct/injury, 3.5 by 1.0 by 0.3 cm.
13. Atrophy of the right testicle, incidental finding.
14. Resuscitation intervention upon emergency department assessment.
15. Presence of alcohol, nicotine metabolite cotinine, and cannabinoids the blood (see toxicology report).

**CAUSE OF DEATH OPINION:**

After consideration of the circumstances surrounding his death, review of available medical and investigation information and history, and after postmortem examination with ancillary studies, my opinion is that the cause of death of this 35-year-old male, Earl L. Moore, is compressional and positional asphyxia due to prone facedown restraint on a paramedic transportation cot/stretcher by tightened straps across the back and lower body, in the setting of lethargy and underlying chronic alcoholism.

*J. Scott Denton MD*

J. Scott Denton MD  
Coroner's Forensic Pathologist

January 8, 2023

Date Submitted

*Certified by the American Board of Pathology in Forensic, Anatomic and Clinical Pathology*

**Report of the Coroner's Forensic Pathologist to the  
Coroner of Sangamon County, Illinois**

I, J. Scott Denton MD, performed an autopsy authorized upon the body identified to me by the Sangamon County Coroner as **Earl L. Moore**, who died on **December 18, 2022**

Place of Death: Springfield, IL

Place of Examination: Bloomington, IL

In my opinion, the cause of death was as follows:

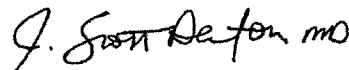
<u>Immediate cause</u>	<u>Time Between Apparent Onset and Death</u>
a) <b>Compressional and Positional Asphyxia</b> due to, or as a consequence of	minutes
b) <b>Prone Facedown Restraint on a Paramedic Transportation Cot/Stretcher by Tightened Straps Across the Back</b> due to, or as a consequence of	minutes
c)	

Other significant conditions contributing to death but not related to the terminal conditions:

**Lethargy and Chronic Alcoholism**

My conclusions are based on the following:

1. Autopsy findings.
2. Coroner's and police investigation information.
3. Officer worn body camera videos.
4. Toxicology, electrolyte, radiology, and histology testing results.
5. Medical education, training, experience, and literature.



Date submitted: January 8, 2023

Signed J. Scott Denton, MD  
Coroner's Forensic Pathologist